

**MA X YGEN**

Intellectual Property  
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**FACSIMILE COVER SHEET**

Date: January 11, 2007

FAX NO: (571) 273-8300

Page(s): 39

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To: UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop: AMENDMENT

Commissioner for Patents

Post Office Box 1450

Arlington, VA 22313-1450

From: Sharon M. Fujita

Re: U.S.S.N. 09/920,607

Dated Filed: July 31, 2001

Attached is:

Transmittal

Fee Transmittal

Amendment and Response (34 pp)

3-month Extension of Time plus 1 copy; and

Cover Page

Please contact Sharon Fujita at (650) 298-5421 if you have any problems receiving this transmission.

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PTO/SB/n7 (07-06)

Approved for use through 01/31/2007, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)1020.00**Complete If Known**

Application Number	09/920,607
Filing Date	31 July 2001
First Named Inventor	Jeremy S. Minshull
Examiner Name	Tran, My Chau T.
Art Unit	1639
Attorney Docket No.	0178.210US

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 50-0990 Deposit Account Name: MAXYGEN, INC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☒ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

**Total Claims****Extra Claims**

Fee (\$)

Fee Paid (\$)

- 20 or HP =

x

50

=

**Multiple Dependent Claims**

Fee (\$)

Fee Paid (\$)

360

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims****Extra Claims**

Fee (\$)

Fee Paid (\$)

- 3 or HP =

x

200

=

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets****Extra Sheets**

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

- 100 =

/ 50 =

x

250

(round up to a whole number)

=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): 3-month extension of time

1020.00**SUBMITTED BY**

Signature

*Sharon M. Fujita*

Registration No.

(Attorney/Agent) 38,459

Telephone 650-298-5300

Name (Print/Type)

SHARON M. FUJITA

Date

JANUARY 11, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (09-06)  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/20/607
	Filing Date	31 July 2001
	First Named Inventor	Jeremy S. Minshall
	Art Unit	Tran, My Chau T.
	Examiner Name	1639
Total Number of Pages in This Submission	Attorney Docket Number	0178.210JS

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<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	MAXYGEN, INC.	
Signature	<i>Sharon M. Fujita</i>	
Printed name	SHARON M. FUJITA	
Date	JANUARY 11, 2007	Reg. No. 38,459

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature	<i>Sharon M. Fujita</i>	
Typed or printed name	SHARON M. FUJITA	Date JANUARY 11, 2007

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